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FEB 1 I 2008

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION				
Name		Member of:			
THOMAS R. WATSON		House □ Senate			
Mailing address	N - 1572	District			
1565 WASHINGTON ST 1	20 Box 710	62			
City, zip code	The state of the s	Phone			
BATH, ME 04530	442-7493				
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY AND	THER			
List the name and address of each employed principal type of economic activity of each employed	er from whom you received compensation iployer.	of \$1,000 or more." Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
LEGISLATURE	1 SHS AUGUSTA, ME	₽ STATE GOVT			
STATE of MANE	, , , ,	15 27 47 C (-OV)			
		The second secon			
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	OME DERIVED FROM SELF-EMPLOYMEN	The state of the s			
	Legislators who are self-employed.)				
A. List the name and address of your busined derived income. If associated with a partner	ness, it any, and list the major areas of ed ship, firm, professional association, or simil	conomic activity from which you ar business entity, list the major			
areas of economic activity of that entity.					
	Major Areas of Economic Activity	Major Areas of Economic			
Name and Address of Business Entity	(self)	Activity (partnership, association or similar			
P. C. M. C. L. P.	LEGAL WORK	business entity) United Services			
Name: THOMAS R. WATSON, PA		·			
1 1 2 7 7 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	BOX 710 BANTINE 04530-07	[O			
Name: GOOSEBAY GUIDE SZWICE, CLC		FISHING GUIDIE			
Address: Po Box 710 Bant, M		,,			

PART 2 (continued). INCOM (For Legisla	TE DERIVED F		YMENT	•
B. List each source of income derived from self-employmen is greater, and specify the principal type of economic activity disclosure is prohibited by law, rule, or an established code the entity or person from whom the income was derived.	of the entity or	person from whom you	derived : principal	such income. If this form of type of economic activity of
Name and Address of So	urce		Activi	ncipal Type of Economic Ity of Entity or Person Who he Source of the Income
Name:				
Address:				
Name:	•			
Address:				
	OR AREAS Os who are attorney	e di engine di grande de tra di la companya de la c	V 20 TF -	
List your major areas of practice. If associated with a law fin	m, list the major	en a la germany in proper discourse and		The same of the sa
Name and Address of Firm		Major Areas of Pra (self)	ictice	Major Areas of Practice (firm)
Name: THOMAS R. WATSON, PA	- reference on the property of the Artistan Artistan Section (1995) and the Artistan Artistan Artistan Artistan	PERSONAL IN	WW7	PERSONAL INDURY
Address: 1565 WASHINGTON ST PO BOX 716	BATH, ME			
Name:				79-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
Address:				· · · · · · · · · · · · · · · · · · ·
PART 4. OTH	ER SOURCES	OF INCOME		
List each source of income of \$1,000 or more not listed in Pa	arts 1, 2, or 3 of t	his form. Do not includ	e gifts. I	f none, check the box.
None Name and Address of Sou	Jrce		(in	Kind of Income vestments, leases, etc.)
Name:				
Address:				
Name:				
Address:				
PART 5. RE	PORTABLE L	ÁBÍLÍTIÉS	· 2 3	
List the names of creditors for any <u>unsecured</u> loans of \$3,00 areas of economic activity of each creditor. Do not list loans	00 or more that y from a relative.	ou received during the frone, check the box.	reportin	g period, and list the major
None	TTTOTTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOT		ng eri 1985 i Malaya na yang b ilikan	BANDARA AMARAN MARINE TANA COMPANY TANA
Name and Address of Cre-	ditor	Caracteristics of the	Prin	ncipal Type of Economic Activity of Creditor
Name:		·		
Address:	ementes - noncressione e elektro-reconstruitoria	oo ka	O U.S. of Comment of Control of Control	Andrew country and commence and
Name:				
Address:			i :	
PART 6.	REPORTABLE	GIFTS		
List the specific source of each gift of more than \$300. Inclunone, check the box	de gifts with an a	ggregate value of more	e than \$3	00 from a single source. If
None				
Name of Source of Gift		Name of	Source c	of Gift
1.	3.		-	
2.	4.	TOTAL CONTROL OF THE WAR ON A STATE OF THE S		and the second s

PART 7. REPORT	TABLE HONG	RARIA	Section 1
List the source of any honoraria accepted for appearances or spee	ches related to	your off	ficial duties. If none, check the box.
None	The book of the second	Telephone and the second	
Name of Source of Honoraria	end of the stand		ame of Source of Honoraria
1.	3.		
2.	4.		
PART 8. REPRÉSENTATION	N BEFORE S	TĄŢE A	AGENCIES
List each executive branch agency before which you represented the box.	or assisted oth	ners for	compensation of any amount. If none, check
None			
Name of Agency	914 : A SALE COLUMN TO THE SALE OF THE SAL		Name of Agency
1. WORKERS COMPENSATION BEARS	3.	M	
2.	4.		
PART 9. BUSINESS W	VITH STATE	AGENO	CIES
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	our immediate f	amily sc	old goods or services with a value in excess of
None .	VV VADA 64 MINO.	——————————————————————————————————————	-
Name of Agency			Name of Agency
1.	3.		
2.	4.		- P
PART 10. INCOME RECEIVED BY	MEMBERS C	F IMM	EDIATE FAMILY
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$1,000	or more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Rece	ived appr	ircle opriate tter	King of Income
1. VOCATIONAL EXPERT	(3)	D	ExPlor TESHINNY
2.	S	D	
3.	S	D	
4.	S	D	The state of the s
SIGNA	ATURE		
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject to a fine	e of \$10	0 per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	the Commiss he Attorney Ge	ion con eneral.	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, a (1 M.R.S.A. § 1019)	to file a requir	ed state estion a ittempt	and shall be precluded from voting on any to influence the outcome of any question.
Ytwu		2,	15/08
Signature			Date

NAME:							DATE:					manuscriptor All Con-
ADDRESS:	CONTROL CONTRO	_	<u>-</u>	-		-		eriore vicensia vive asservivo des activa mener	New Control of the Co	Chief Tribbilis Convertible Co		ARRENCH ATT
			i Ng	ADDITI	ONAL INF	ORMA	TION			. ** 2 ** 5 **	- *	
Please provide information you	any additional are providing.	information	below (a	nd on a	additional :	sheets	if needed).	Indicate	the part or	section	number for t	he
Part/Section Number	TO THE STATE AND			N er i t								Provided in
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